

VSH Employees' Work Group
July 26, 2006 12:00 – 2:00

Minutes
(draft for review)

Next meeting: September 7, 1:30 to 4:00 Secretary's Conference Room

Present: John Berard, Conor Casey, Keith Goslant, Annie Noonan, Terry Rowe, Gail Rushford, Goldie Watson, Laura Deforge

Absent: John O'Brien, Dena Weidman

Staff: Steve Gold and Judy Rosenstreich

Gail convened the meeting at 12:10 p.m. She presented the agenda for today's meeting---to complete discussion of requirements for success---and suggested a plan for completing the work products of the group. Gail proposed to form a small subcommittee of herself, Conor and Judy to finalize the draft report, email it to the group for comment, and have one final meeting to conclude the work of

- finalizing the group's recommendations, and
- preparing a report for the Futures Advisory Committee.

Annie agreed that one more meeting would be necessary. Judy noted that the group has put in considerable time and effort to flesh out its ideas and recommendations, and that it was important to thoughtfully complete the process by having another meeting to approve the final report. Steve also agreed that the original August 1st deadline was intended to provide a reasonable time frame in which to accomplish our goal. Steve supported one more meeting to finalize the group's report to the Advisory Committee.

The group asked Judy to check on everyone's availability the last week in August as a target date for scheduling this meeting.

Gail, Conor and Judy will work as a subcommittee to accomplish the following tasks:

- Conor will draft a one-page summary of the report and outline of the presentation to the Advisory Committee.
- Judy will edit the introduction and write the Futures project section, how the Vermont State Hospital operates today, the concluding section of the report, and do general editing.
- Gail will incorporate edits and facilitate the process of completing the report.
- The subcommittee, at Steve's request, will develop a 1- or 2-page outline / set of bullet points with major decisions of the work group.
- The subcommittee will prepare / edit the presentation to the Advisory Committee.

Business from Meeting of July 19

As she indicated at the last meeting, Annie contacted Paul Dupre, Executive Director of Washington County Mental Health Services, to inquire about staffing of the community residential recovery program to be located in Williamstown. Understanding that work is still in progress to gain a Certificate of Approval (COA) from the Department of Health and a contract to address budget, program and operational issues, Paul advised Annie that he expected advertising for staff to begin in September. He also expects a renovation period for the Autumn Harvest Inn of 2 to 3 months. It is likely that hiring will begin in November and new staff will begin with a training period to orient people to the program. They are looking for higher level, harder to recruit positions such as psychologist.

Minutes

The minutes of July 19 were reviewed.

- Keith moved / Conor seconded that the minutes be approved. All were in favor.

This action was modified by a friendly amendment from Goldie, suggesting that one of the core requirements for any staffing model, i.e., *staff to manage / care for acutely ill psychiatric patients requiring hospitalization*, should specify the need for flexibility in staffing levels based on changes in the census and acuity levels. This was agreed to. Judy will insert appropriate language in the minutes of July 19 to reflect this point.

Discussion of Draft Report with Comments and Edits Noted

As the group reviewed the draft report, noting that some sections were incomplete, most of the editorial suggestions were marked on the draft itself. It was understood that the minutes would convey that the group worked on the report. General comments included:

- Terry: Vermont policy has embraced community-based treatment as the preferred locus of psychiatric care and treatment. Best practice was not to house people in institutions. The state hospital fits into a continuum of mental health care options.
- The reasons for dramatic decline in VSH patient population in the 1970's include:
 - patient rights movement
 - psychotropic drugs
 - development of halfway houses
 - substance abuse treatment
 - changes in law
 - development of community services; more MH care options
 - best practices supported community-based services

Licensure

In the context of reviewing the draft report, the group discussed the implications of licensure of a new primary inpatient psychiatric program that would allow VSH to close.

VSH is licensed by the State—a public license. An inpatient psychiatric program co-located with Fletcher Allen would be licensed by Fletcher Allen---a private license. The

licensure issue is significant in terms of funding. Terry advised that Fletcher Allen is the only hospital in the state where we could add 50 psychiatric care beds without the hospital becoming an IMD. If an IMD, the program would be supported by the General Fund. After further discussion of the funding issue, John Berard stated that for our public/private partnership models, the license would have to be held by a private entity.

➤ The group agreed:

- For the two public/private partnership options, the license would be held by a private entity.
- For the public option proposed, the license would be held by the State.

John offered to write this up.

Wrap Up

Steve commended the work of the group and the good job reflected in the draft report.

Annie urged that everyone should plan to attend the Advisory Committee meeting on September 18th.

The subcommittee will do its work as outlined above (Page 1 of these minutes).

Judy will schedule another meeting.

The group adjourned at 2:00 p.m.

SUBMITTED BY: Judy Rosenstreich
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